

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13879**

**FILED APR 30 1952**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Putnam</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville</u> c. LENGTH OF STAY (In this place) <u>6 1/2</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HONE</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death, if institution) a. STATE <u>Mo</u> b. COUNTY <u>Putnam</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville, Mo.</u> d. STREET ADDRESS (If rural, give location) <u>HONE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LORENZO</u> b. (Middle) <u>DOW</u> c. (Last) <u>WALLACE</u>		4. DATE OF DEATH (Month) <u>APR</u> (Day) <u>18</u> (Year) <u>52</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>Feb 3, 52</u>		9. AGE (In years last birthday) <u>90</u> Months <u>2</u> Days <u>15</u> Hours <u>4</u> Min. <u>1</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Careless farmer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Putnam Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>JAMES WALLACE</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN CAIN</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		15. SOCIAL SECURITY NO. <u>h</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Carl Wallace Unionville Mo</u>		17. NAME OF HUSBAND OR WIFE <u>SKELIA WALLACE</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cystitis</u> DUE TO (c) <u>Prostatitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>610X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I, hereby certify that I attended the deceased from <u>Apr. 14</u> , 1952, to <u>Apr. 18</u> , 1952, that I last saw the deceased alive on <u>Apr. 15</u> , 1952, and that death occurred at <u>6:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. W. McDonald D.O.</u>				23b. ADDRESS <u>Unionville, Mo.</u>		23c. DATE SIGNED <u>4-21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Apr 20 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>US CO. BEE CEM</u>		24d. LOCATION (City, town, or county) (State) <u>Pollock, Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-21-52</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Husted</u>		ADDRESS <u>Unionville, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

( hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed.....

*J O Husted*

Licensed Embalmer No.

*2975*

P. O. Address

*Unionville Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.